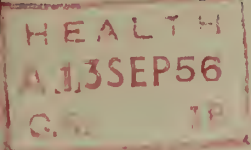


Lehring

LANGPORT RURAL DISTRICT COUNCIL



ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

For the year ended 31st December, 1955

PUBLIC HEALTH OFFICERS

Medical Officer of Health:

A.M. McCall

M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health

P.P. Fox

M.B., B.Ch., D.P.H.

Sanitary Inspectors

H.F. Binder, M.S.I.A

R. H. Badge, M.S.I.A.

PUBLIC HEALTH COMMITTEE.

S. E. Scott, (Chairman)
Mrs. E.M. Dixon,
Mrs. A.M. Ubsdell,
C. E. Ball,
G. A. Burcham,
J. C. Cotton,
G. T. Fox,
W. H. Furze,
R. P. Hosford,
J. O. Lloyd,
P. H. Lock,
A. O. Mounter,
E. Neville,
A. Norris,
G. E. Smith,
J. Russell Thorlby.

HOUSING COMMITTEE.

C. E. Ball (Chairman)

W. F. T. Hector,
W. W. N. Davies,
A. J. Clifton,
J. C. Cotton,
S. E. Scott,
G. T. Fox,
T. J. C. Jeffery,
Mrs. E. M. Dixon,
W. H. Hebditch,
A. Norris,
J. E. Attwell,

P. Luxton,	A. Salisbury,
G. A. Burcham,	R. P. Hosford,
Mrs. A.M. Ubsdell	W. E. L. Houlden,
J. O. Lloyd,	S. Dibble,
J. Russell Thorlby,	E. Neville,
W. H. Perrett	D. S. Wyllie,
C. T. Hill,	W. A. Osborne,
T. Lucas,	A. O. Mounter,
A. J. Bond,	F. T. Retter,
W. H. Furze,	P. H. Lock,
G. E. Smith.	

HEALTH VISITORS

Mrs. J. M. Pitt, S.R.N., S.C.M., H.V.

Miss R. Sullivan, S.R.N., S.C.M., h.v.

To the Chairman and Councillors of the Langport Rural District Council,

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report for the year 1955.

There was an outbreak of measles in which the children in the 5 - 10 years age group were mainly affected. Apart from this it was a healthy year and few other cases of infectious disease were notified.

In this report I have continued my policy of stressing certain subjects of public health. It is quite impossible to give every detail of all aspects of the work carried out each year but over a series of reports I hope to be able to cover most subjects. I hope the public will be interested in the small survey concerning colour vision which I carried out while doing the school medical inspections. It is a subject which is not clearly understood and I hope the explanations given will be of benefit. I would like to emphasise the need for the prevention of tuberculosis and I think the Council would do well to consider the suggestions I have made in the text.

I greatly appreciate the courtesy shown me by the Councillors throughout the year and the help I have received from the Officers of the Council.

I am,

Your obedient Servant,

A. M. McCALL

Medical Officer of Health.

SECTION A

Statistics and Social Conditions of the Area.

Population The Registrar General gives the estimated mid-year home population as 12,920, a slight increase on the 1954 figure. Appendix A, Table 1 gives the general statistical details of the district.

Birth Rate The Birth Rate for the year was 15.1 per thousand, almost identical with the previous year. When the Comparability Factor is taken into account the figure is 16.6 which is above the national figure for England and Wales which is 15.0 per thousand. Details are shown in Appendix A, Table 2.

Death Rate The Death Rate for the year was 11.2, a slight increase on 1954. Once again, allowing for the Comparability Factor the corrected figure of 8.7 per thousand it is still below the national figure of 11.7 per thousand. Causes of death are shown in Appendix A, Table 3.

Diseases of the heart and circulation are again at the top of the list having caused 77 out of a total of 145 deaths and as I have stated in many previous reports, cardiac vascular disease of middle age shows every sign of becoming the greatest public health problem.

Infant Mortality There were two cases of death in infants, both were due to extreme immaturity, both weighing under two pounds at birth and they only survived 24 hours.

Still Births Four still births occurred in the district during 1955.

Maternal Mortality There was one case of maternal mortality due to pulmonary embolism following childbirth. The case occurred in hospital.

Social Conditions The social condition of the residents of the Rural District continue to be most satisfactory. The standard of living is undoubtedly higher now than at any other time in the past.

SECTION B

General Provision of Health Services in the Area

The County Council as local health authority is responsible for the majority of the local health services in the Rural District. The clinics they organise in the area remained the same during 1955.

Care of Mothers and Young Children

Infant Welfare Clinics

Curry Rivel. This clinic continued to be well supported and the number of mothers and children attending increased.

The correct function of a clinic of this type is to keep a child in perfect health from the date of its birth until it has reached school age and with this aim in mind the clinic functions as follows:-

On the first attendance of the mother and child full details of the child's birth are recorded, the child is then stripped and weighed and taken in to see the doctor who thoroughly examines the baby. The mother is advised on any abnormality which may be detected, and a course of action outlined. Subsequently, the child is stripped and weighed at each visit, and the mother is able to receive advice from the health visitor who is in attendance for that particular purpose. If either the health visitor or the nurse weighing the children is unhappy about the condition of any infant, it is immediately seen by the doctor. If treatment or hospital appointments are needed, these are made through the child's private practitioner. Vaccination and immunisation against diphtheria and whooping cough are also offered, and the value of these procedures is explained.

This routine work has proved to be of very great value. An abnormality is detected at the very earliest moment when the chance of correction is very much better than when it is an established disease. The misapprehension of some parents that the clinic is a ready method of checking the diagnosis of their own doctor, is very strongly discouraged, and no advice or

treatment is suggested whilst a child is actively attending its own general practitioner. It is also stressed to the parent that any suggested treatment can only be commenced with the full approval of the private doctor, and in this way the Health Department endeavours to foster a strong link with the general practitioners' service.

Kingsdon The district nurse held weighing sessions at her house, but no official clinic is held in this area.

Compton Dundon Transport is provided for mothers living in the area to attend the infant welfare clinic at Street twice per month,

Aller The district nurse holds weighing sessions at her house once per month.

Details of the Curry Rivel Clinic are shown in Appendix B, Table 1.

Antenatal Care No antenatal clinics are held but antenatal examinations are carried out by doctors and district nurses in charge of individual cases.

Domicilliary Midwifery The district nurses continued to attend expectant and nursing mothers in their homes with the private practitioners supervising. The standard of their work was consistently high. Should the previous obstetric history or social conditions demand admission to hospital, this is arranged through the appropriate department of the County Council. Most mothers are admitted to hospital as a routine for their first baby. The district nurses have excellent equipment and all have gas and air machines and have been trained in their use. A Flying Squad Unit, specially trained in the handling and treatment of premature children, is stationed at Musgrove Park Hospital, and is immediately available when necessary in our area.

Home Nursing In addition to their many other duties, the district nurses visit people's homes to carry out a very large number of duties. These may include dressing wounds, giving injections, bathing patients, and many other similar medical duties too numerous to list. A great deal of this work is

concerned with the older members of the community, and we have every reason to be thankful for the kindly manner in which our nurses have been working during the past year.

Health Visiting There are two health visitors for the Rural District, Miss Sullivan deals with the northern half and Mrs. Pitt is responsible for the remainder.

The primary function of a health visitor is to visit the homes of the people and I am quite confident that at present this work is being done in a very efficient manner. This is particularly true in respect of the following up of children with defects discovered at school medical inspections. None are overlooked, and if parents co-operate they will derive a maximum benefit from this part of the Health Service.

Immunisation During the year the County Council as local health authority in co-operation with the District Council, took every opportunity to stress the need for immunisation against diphtheria and every means of publicity was used. A intensive drive was organised in February during which posters were displayed on the various village notice boards. Immunisation was carried out at the clinic and by myself in the schools. In addition to this, of course, there is a large amount of immunisation done by private practitioners, particularly primary immunisations.

There is a growing demand for combined immunisation against whooping cough and diphtheria. This is given in three injections at monthly intervals starting at the fourth month, so that the course is completed before teething commences in earnest. If, however, parents request immunisation against diphtheria only, then this is given at a slightly later age and necessitates two injections. All children require a further booster dose against diphtheria at the age of five years so this is given when they commence school.

One hundred and sixty-four primary immunisations and 166 booster immunisations were carried out in 1955 and this is a very satisfactory total.

Vaccination Appendix B, Table 2 shows the details of

the vaccinations carried out in this district; they total 94 primary and 15 re-vaccinations.

Home Help Service The Home Help Service which is organised by the County Council, and in this area administered from Yeovil, worked very well during the year. There is a shortage of the right type of people for this work, but I am impressed by the high standard of the work carried out by those employed.

School Medical Service I visited a number of schools in the area in 1955, the remainder were inspected by Dr. Evans. Details of my inspections will be found in Appendix B, Table 3.

I continued to give a full examination to all children on entry to school life, on transfer from primary to secondary education, and in the last six months before leaving school. In addition, I examined all children with defects and all cases specially referred to me by the teachers or at the request of the parents.

Colour Vision During the routine medical inspection of school children, I carried out an investigation into the proportion of children who are Colour Blind. There seems to be a good deal of confusion in parents' minds about the subject, so I feel it will be useful to discuss some aspects of the condition.

To start with, the term Colour Blindness is a misnomer and a far better term is "defective colour vision", and it is the one which I propose to use.

We have as yet no definite information about the cause of defective colour vision. The outstanding characteristic of all persons with the condition is that the total number of colours they can recognise as distinct from one another is significantly smaller than the number which the normal observer can distinguish under the same conditions.

A person with defective colour vision is a person with a deficiency and not merely a different form of vision. The most striking deficiency is usually revealed when the attempt to distinguish red from yellow or yellow from green is made, with

the absence of any brightness difference. Other colours which tend to be confused are blue green, grey and purple. On the other hand, the defect does not normally lead to much difficulty in distinguishing green from blue green, blue green from blue, yellow from grey or grey from blue.

One point which is extremely important should now be noted. A child in the nursery begins to recognise differences between colours and is taught that a brick is red, a banana yellow, an orange is orange, grass is green, etc., until eventually he has a great many objects which help him by association to link up each colour with its appropriate name. Because he has been taught that green is the colour which grass possesses the person with defective colour vision when asked the colour of grass, will naturally reverse the process and reply "green" whatever the quality of his visual sensation. Greens and yellows are lighter than browns and reds and this may help him to differentiate one from the other. It is as well that he has the subsidiary aids to help him. He may it is true lose something of the beauties of nature through his reduced range of colours, but since he will be quite unaware of the nature of his loss, it is unlikely to trouble him overmuch.

The type and number of mistakes a colour defective makes will of course, depend on the type and degree of the defect. It will also depend on the conditions under which he is working. Persons with normal colour vision often have difficulty in recognising colours when the lighting is bad or the objects are dirty or small in size. Similarly the number of mistakes made by a colour defective increases under these more difficult conditions. Thus while a person with defective colour vision may succeed in distinguishing between red and green signal lights when close at hand, yet when they are seen as pin points of light in the distance, or through fog or rain, they will be far more liable to error.

In the great majority of cases, defective colour vision is congenital, but some loss of colour sense can be acquired, for

example, by excessive smoking. When a Father is congenitally colour blind his Daughters will be carriers of the defect without themselves being defective, but none of his Sons will be either a colour defective or a carrier. When a Mother is a carrier, half her Sons will, on the average, be colour defectives and half her Daughters will be carriers. The defect will, however, become evident in half the Daughters of a carrier Mother and a defective Father. When both parents are affected all Daughters will have defective colour vision. It follows that the number of women who have defective colour vision is very much smaller than the number of men. Statistics show that the percentage of colour defectives in the male population is approximately 8%. In my survey in Langport it was 6.9% for boys and 2.3% for girls. Of 58 Boys examined 4 were defective, and of 86 Girls, 2 were defective.

Information about the age at which defective colour vision becomes evident is conflicting. It seems quite certain that those who possess the defect do so from their earliest years. However, some children may fail to describe colours correctly because they are mentally backward or through lack of education and not through any defect in their visual apparatus. The earlier it is possible to find out whether children are suffering from colour vision defects the better it is from the point of view of deciding upon their future careers. There are a number of careers which are completely closed to them if they are suffering from colour vision defects.

The desirability of carrying out school testing of colour vision^{is} generally admitted by all who have investigated the condition. Many industrial firms have also stressed its importance so as to avoid disappointment when seeking future employment.

There are many methods of testing colour vision, but one suitable for use by a School Medical Officer has to be quick, not too complicated and capable of being carried out in an ordinary room. I think that confusion charts such as the

Ishihara Charts I used in this survey are probably the most suitable. Testing has usually been done on all children due for a routine examination at the age of 10+. No difficulty was experienced in dealing with children of that age. Once what was required of them was explained they immediately gave full co-operation. The time taken to test each child was generally about one minute. All children found to have a defect were informed of their defect and retested. In each case a letter was sent to the parent informing them of the presence of the defect and reminding them of its bearing on a future career.

I consider that testing by the method suggested above should become standard throughout the Somerset County school medical service. All those with seriously defective colour vision would be known and the parents informed. I also advocate more stringent pre-vocational tests for all who propose to enter a trade or profession in which normal colour vision is important. This latter test is of course, outside the scope of the school medical service.

School Dental Service. I am pleased to say that all the schools in the area were inspected during the year with the exception of Kingsbury Episcopi Junior School which has not received an inspection since February 1949, and I hope that it will be possible for a dental inspector to visit there in the near future.

Orthopaedic Service When necessary children are referred to orthopaedic surgeons who hold clinics at Yeovil and Taunton. Copies of reports and recommendations by the specialist are forwarded to me as the school medical officer and I see such children at each medical inspection, more often if necessary. Most of the cases which require operation are admitted to Bath Orthopaedic Hospital.

Ophthalmic Service At each school medical inspection I examine any child who has any eye defect whatsoever. I check the correction of their glasses and also ensure that they are carrying out the instructions of the ophthalmic specialist at

the last appointment. If glasses are in need of repair or the glasses do not satisfy me I refer the child back to the person who made the glasses and in some cases to the County Occulist who holds a weekly clinic especially for schoolchildren at Yeovil and Taunton.

Ambulance Service. This service is administered by the County Council during the year. All the ambulances were equipped with radio telephone and this has contributed to increased efficiency.

Epileptics and Spastics Any cases of epilepsy occurring in the area are referred to a specialist at Taunton who is able to carry out electro-encephalogram and other necessary investigations, and then advise on the correct course of treatment. In the case of children a copy of his report is always available to me. Where it is considered necessary for school children to attend a special school on account of this disease, it is possible to have them admitted to the Chalfont Colony where the Somerset County Council maintain a certain number of students.

All cases of children with spastic disease are registered as handicapped pupils and are under the care of specialists. They may attend the ordinary school if their disability is not too great. In other cases home tuition is arranged. After reaching school-leaving age arrangements are made for them to receive special training to enable them to become self-supporting, as far as possible.

Blind Persons There are 54 blind persons and one partially sighted person registered in the area. Appendix B, Table 4 gives details of the follow-up of the registered blind and partially sighted persons.

SECTION C

Prevalence and Control over Infectious and Other Diseases

There was an outbreak of measles in the early part of the year and 211 cases were notified. One case of death was registered as due to measles and occurred in a woman of 74 years of age. She developed broncho-pneumonia as a complication of the measles and the immediate cause of death was cardiac failure.

There were no cases of infantile paralysis.

One case of typhoid was notified during the year. The patient had just returned from a holiday in Spain and Portugal and was undoubtedly incubating the disease during the period of the return journey. However, a careful investigation was made into all possible sources of infection and with negative results. Precautions were also taken to prevent any of the sewage from the house spreading to other neighbouring premises and before the case was closed negative sewage swabs were obtained from the septic tank, its overflow and a nearby pond.

Appendix C, Table 1 shows details of all infectious diseases notified.

The Prevention of Tuberculosis So far the Mass Radiography Unit has never visited this area but I am now informed that a Unit will come to Langport early in 1956. Appendix C, Table 2 gives details of the number of persons in the Langport Rural District on the Tuberculosis Register.

B.C.G. Vaccination In my recent Annual Reports, I have referred to B.C.G. Vaccination of schoolchildren against tuberculosis. In 1949 official permission was given for its use for nurses and medical staff in hospitals and home contacts of active tuberculosis cases. Permission was extended to include school leavers at the end of 1953. Since then some 130 of the local health authorities have prepared and operated schemes for children.

In Somerset the categories of persons at risk are offered B.C.G. but we still await a scheme for schoolchildren of leaving age, that is 14+ years. The notification rate and mortality from tuberculosis in Great Britain begin to rise at

about the age of 15 years from their low level in childhood.

The first progress report of the Tuberculosis Trials Committee of the Medical Research Council has now been published. The report is of an investigation into the prophylactic effect of B.C.G. and of a similar British vole bacillus vaccine on children aged 14 to 15½ years attending secondary modern schools in selected areas. The investigation which involved 56,700 children was well planned, carefully executed and clearly reported. The results are unequivocal. It is estimated that a general vaccination scheme of children of this age should reduce T.B. morbidity between the ages of 14 - 17 by about half.

The most striking fact in the report is that no case of miliary tuberculosis or tuberculosis meningitis occurred in the vaccinated groups whereas in the un-vaccinated group there were three cases of pulmonary T.B. of a miliary type. In the group vaccinated with B.C.G. the annual incidence of clinical T.B. was 0.37 per 1,000 as opposed to 1.94 per 1,000 of unvaccinated and 0.44 per 1,000 given vole bacillus vaccine.

Each vaccine therefore conferred a substantial and similar degree of protection conferred by each vaccine was evident soon after it had been given and was still substantial between two and two and a half years after entry into the trial. Supplementary incomplete information up to four years suggests that the protection is maintained for this period. It also appeared that the vaccinated children fared considerably better than those who had been naturally infected, but were without evidence of clinical disease at the time of entry to the trial.

In view of the very favourable results obtained in this trial among adolescents it is unjustifiable and probably impossible to conduct similar trials in other population groups. This means that policy will have to be based on information at present available, and to be made available in future reports on this trial.

It will be thought by many that the time has arrived for vaccination to be made available in this area to all children whose parents request it.

However, although vaccines can make a substantial contribution to prevention, it should not be assumed that efforts to control the disease by other means can be relaxed.

Special Housing . I am pleased to say that this Council has always given immediate attention to the housing of tuberculous patients and occasionally the requirements of some cases have demanded housing of a size which to me appeared to be uneconomic considering the small number of the family involved. Patients are reluctant to go into hospital for a long stay, and modern drugs have greatly eased the treatment of patients at home so there is a tendency towards domiciliary treatment of tuberculosis. Hence this demand for special housing will, if anything, increase. I think the Council might well consider the adaption of some existing three bedroomed houses to give sanatorium-like conditions. A bedroom on the first floor could be altered and windows provided on both front and back walls, the window on the back wall being the length of the whole wall and capable of being folded back. The tenants of these houses should be selected by the Chest Physician and Medical Officer of Health, and as soon as the case has received the benefit possible from the special bedroom they should be transferred to the conventional type house. Not only would the patient make a more rapid recovery, but the demand for hospital beds would also decrease. This would be a practical way in which the Council could assist to combat the nation wide shortage of nurses and in addition offer the tuberculous patient a welcome alternative to prolonged hospitalization.

SECTION D

Environmental Health Services

A. Sanitary Circumstances

Climatic Conditions It was a reasonably dry year with prolonged periods of sunny weather during the summer. However, in the early months there was some severe weather which included heavy falls of snow as late as May. Fortunately, there was no very cold weather in the latter months.

Water Supply The quality of the water was satisfactory during the year. As mentioned in previous reports, shortages do take place in the higher parts of Curry Rivel during peak hours and this difficulty was experienced again in 1955. The parishes of Fivehead, Curry Mallet and Hambridge were similarly affected.

As a result of negotiations with the Chard Rural District Council, they are carrying out work on a new trunk main connecting the Pole Rue source in their area and entering the Langport Rural District at Stewley. Work was nearing completion at the end of the year. This new pipeline will afford an increased supply at greater pressure to our district and once in full operation it is hoped that many of the breakdowns, largely due to pipe corrosion will be a thing of the past. The Council will then consider the preparation of schemes to assist the distribution in the Western Parishes.

Full details of the present supply and samples taken throughout the year are shown in Appendix D, Table 1.

The mains in Barton St. David and part of Keinton Mandeville were completed early in 1955 and this marked the final stage of the Eastern Parishes scheme which cost £323,958. Now every parish in this district has a piped water supply available, and the Council have no scheme in mind for making any extensions in the near future.

Sewage Disposal Three parishes have main drainage and disposal systems, they are Curry Rivel, Somerton, and Kingsbury Episcopi. Some difficulty was experienced at the latter works and preliminary action is to be taken to install

recording apparatus for accurately measuring the present flow. It may then be found necessary to carry out improvement work.

The scheme for the provision of an efficient disposal system for the town of Langport is at present the subject of negotiation between the Council and the Ministry of Housing and Local Government. An additional report was forwarded to the Ministry and is now awaiting approval. It involves an approximate cost of £103,500. Unfortunately the Government are cutting down expenditure as far as is practicable. From time to time during the last fifty years Government departments have been bringing pressure to bear on our Council to provide such a scheme and now the Council are in agreement with the proposal, and, in fact, are anxious to commence work, they find that the Government are loth to give their sanction to the scheme.

Train Lavatories The need for a more hygienic method of sewage disposal on British Railways to which reference was made in my last report, was brought to the notice of the Society of Medical Officers of Health. They arranged for the matter to be discussed at a conference and invited a senior medical officer of British Railways to attend. The railway Executive refused permission for him to take part and the matter was left in abeyance. However, the subject has been placed on the Agenda for the Royal Sanitary Institute conference to be held in April, 1956, and no doubt the matter will be fully discussed at that time.

Public Cleansing Refuse removal is done by direct labour, three parishes are visited weekly, four fortnightly, and eighteen once monthly, making a total of 25 parishes visited in all. Undoubtedly many of the parishes visited monthly need, and would welcome, a more frequent collection. However, I am satisfied that this is not possible with the existing staff and vehicle, and at present the Council do not feel justified in the purchase of a second freighter and the employment of additional staff to man it.

There are a number of cess pools in the area but the Council do not undertake to empty these themselves. These are emptied by individual contract between the owners and a private company and in addition the Council employ a contractor to carry out night soil collection to the properties in Somerton not connected to the sewerage scheme.

Rodent Destruction The Rodent Operator continued to carry out routine inspections in the area and to give advice and assistance where necessary. No heavy infestations were detected.

B. Factories Act Details of the number of factories registered and the inspections made will be found in Appendix D, Table 2.

C. Housing Appendix D, Table 3 gives full details of the housing situation in the district at the end of the year. It will be seen that the Council own nearly one-fifth of all houses in the Rural District and since the war have built more than three times as many houses as have been built by private individuals.

The Government have now decided to allow local authorities to continue to build new houses as required, but in addition, have emphasised the need to replace slum property with modern housing. To encourage this action houses built to replace those demolished will attract a higher subsidy than those new houses which are not replacements.

D. Inspection and Supervision of Food

Milk There are eight registered distributors and four registered dairy premises in the area. Regular sampling took place throughout the year, details of which can be found in Appendix D, Table 4. It will be seen that five samples of pasteurised milk were found to be unsatisfactory. These came from a registered dairy outside our district and I immediately contacted the Medical Officer for the area concerned. From the subsequent investigation it appeared that milk which was sampled following pasteurisation and which was found to be

satisfactory, later failed the test in our area. Strong pressure was put upon the retailer to improve his methods of distribution and these had the desired effect.

Egg Albumen Towards the end of the year information was received from the Ministry of Health that Chinese egg albumen being imported into this country was, on sampling, found to be bacteriologically unsatisfactory. Its use was discouraged and I am pleased to say that only one baker in our area persisted in his demand for this product. Before agreeing to its continued use I personally visited the establishment and explained the dangers to the staff and the precautions which must be taken in its use. In addition I confirmed the instructions in writing to the baker. No subsequent illness was reported to me as a result of its use.

Ice Cream No ice cream is manufactured in the area, but thirty-nine premises were registered for the sale of the pre-packed product.

Meat Appendix D, Table 5 gives a very detailed account of the meat inspections carried out in 1955.

It is eighteen months since the Council commenced meat inspection at licensed slaughterhouses following the derationing of meat supplies and many of the difficulties have been successfully dealt with. Nearly 100% of all animals slaughtered for human consumption have been examined post mortem. All animals could have been inspected if longer notice of slaughter were given. The Public Health Meat Regulations require only three hours prior notice, and in this rural district with slaughterhouses scattered throughout, one often finds that following visits to slaughterhouses notice has just been received at the office concerning slaughter in the area from which the inspector has just returned.

The quantity of diseased meat condemned was not unduly high, but a constant watch must be kept to ensure that none reaches the public for human consumption. Tuberculosis is still found in cattle and pigs and although not in the higher percentage

of pre-war days a routine examination of every carcass is necessary.

Supervision of the disposal of condemned meat presents a problem, but the staining of all condemned carcasses and all tuberculous meat, together with the periodical checking of disposal, provides as satisfactory^a/solution as is possible under present circumstances.

Food Premises Considerable attention was drawn to the handling of food in shops and other food premises. Numerous visits were made and advice offered to the owners. This is slow work and the effect cannot be judged immediately. However, the new Food Hygiene Regulations which will become law in 1956, will considerably strengthen the power of the local authority at these inspections

APPENDIX A TABLE 1

Registrar General's estimate of population							
mid 1955	...	...	...	...	...	...	12,920
Area	...	...	...	...	...	...	57,122 acres
Number of inhabited houses at the end of 1955 according to the Rate Book					...	...	4,249
Rateable Value	...	...	...	...	...	...	£56,505
Sum represented by a penny rate	...	...	...	...	...	...	£224. 3s. 8d.

APPENDIX A TABLE 2

BIRTH RATE 15.1 per 1,000 Comparability Factor 1.10

	M	F	TOTAL
<u>Live Births</u>	103	93	196
Legitimate	102	92	194
Illegitimate	1	1	2
<u>Still Births</u>	1	3	4
Legitimate	1	3	4
Illegitimate	-	-	-
<u>Deaths of Infants under 1 year</u>	1	1	2
Legitimate	1	1	2
Illegitimate	-	-	-
<u>Deaths of Infants under 4 weeks</u>	1	1	2
Legitimate	1	1	2
Illegitimate	-	-	-

APPENDIX A TABLE 3

DEATH RATE 11.2 per 1,000 Comparability Factor 0.78

Causes of Death

Heart:	Coronary Disease	10	7	17
	Other heart diseases	15	26	41
Circulation:	Vascular lesions of the nervous system	6	12	18
	Other circulatory diseases	7	4	11
Cancer:	Stomach	3	1	4
	Lung	3	4	7
	Breast	-	3	3
	Uterus	-	3	3
	Other sites	8	8	16
Lungs:	Tuberculosis	-	1	1
	Pneumonia	1	-	1
	Bronchitis	4	1	5
Measles		-	1	1
Ulcer of stomach and duodenum		1	-	1
Gastritis		1	-	1
Nephritis		-	2	2
Pregnancy		-	1	1
Other ill defined diseases		3	8	11
Accidents (other than motor)		1	-	1
Suicide		1	-	1
Total:		64	81	145

APPENDIX B TABLE 1
Child
Curry Rivel/Welfare Clinic

Statistics for the 12 months ended 31st Dec. 1956

1. Number of children who first attended during the year and who at their first attendance were under 1 year of age 9
2. Number of children who attended during the year and who were born in:
 - (a) 1955 ... 9
 - (b) 1954 ... 17
 - (c) 1953-50 ... 32
3. Total attendances during the year made by children who at the date of attendance were:
 - (a) Under 1 year of age94
 - (b) Over 1 but under 2 years of age66
 - (c) Over 2 but under 5 years of age144
4. Number of individual mothers who attended during the year41
5. (a) Total number of sessions held:
 - (i) With Medical Officer12
 - (ii) Other sessions 0
- (b) Number of children examined by Doctor ...53
- (c) Total number of medical consultations ..252

APPENDIX B TABLE 2

VACCINATIONS

Age Groups	<u>Under 1.</u>		<u>1 to 4.</u>		<u>5 to 14</u>		<u>15 or over</u>		<u>Totals</u>	
	P.	R.	P.	R.	P.	R.	P.	R.	P.	R.
	81	-	5	-	6	6	2	9	94	15

P = Primary Vaccination

R = Re-Vaccination.

APPENDIX B TABLE 3

<u>Name of School</u>	<u>No. on Roll</u>	<u>No. Inspected</u>	<u>No. Immunised</u>	<u>Date of Inspection</u>	<u>Children having milk</u>	<u>Children having dinner</u>
Barrington	51	30	25	14. 9.55	100%	88.23%
Curry Mallet	38	20	8	14. 9.55	100%	94.73%
Drayton	19	13	1	21. 9.55	100%	78.94%
Fivehead	37	24	7	19.10.55	100%	94.59%
Hambridge	27	12	11	4.10.55	100%	77.77%
Huish Episcopi	326	47	-	25/27. 5.55	82.82%	67.48%
Secondary Modern	396	209	-	15/17.11.55	80.80%	63.13%
Isle Abbots	18	9	4	5.10.55	88.88%	77.77%
Kingsbury Episcopi	89	49	32	12.10.55	89.88%	77.52%
Muchelney	25	12	14	7.12.55	100%	80%

APPENDIX B TABLE 4

Follow up of Registered Blind and Partially Sighted Persons

	<u>Cause of Disability</u>			
	<u>Cateract</u>	<u>Glaucoma</u>	<u>Retrolental Fibroplasia</u>	<u>Others</u>
(a) Number of cases registered during the year in respect of which paragraph 7(c) of Forms B.D. 8 recommends:-				
(i) No treatment	1	-	-	1
(ii) Treatment (medical Surgical or optical)	1	-	-	1
(b) Number of cases at (a)(i) above which on follow-up action have received treatment	-	-	-	-

APPENDIX C TABLE 1

Infectious Diseases Notified, other than
Tuberculosis

Measles	211
Whooping Cough	20
Scarlet Fever	3
Acute Primary Pneumonia	11
Acute Encephalitis	1
Dysentery	1
Typhoid Fever	1
Food Poisoning	1
Puerperal Pyrexia	1

ANALYSIS OF CASES NOTIFIED

	Under 1 yr.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65+
Measles	6	22		54		120	5		4			
Whooping Cough		1		5		14						
Scarlet Fever						2	1					
Acute Primary Pneumonia						2			1	2	2	4
Acute Encephalitis						1						
Dysentery												1
Typhoid Fever											1	
Food Poisoning											1	
Puerperal Pyrexia									1			

TUBERCULOSIS

Age Group	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
- 1								
1 - 5								
5 - 15	1		1	1				
15 - 25								
25 - 35		1						
35 - 45		1		1				
45 - 55	2	1						
55 - 65						1		
65+		1						
Age Unknown		1						

APPENDIX C TABLE 2

Analysis of Persons on the Tuberculosis Register

<u>Age When Notified</u>	<u>Male</u>	<u>Female</u>
1 - 9	-	2
10 - 19	5	3
20 - 29	7	6
30 - 39	1	4
40 - 49	5	3
50 - 59	7	1
60+	-	2
<u>Total:</u>	<u>25</u>	<u>21</u>

APPENDIX D TABLE 1

Water Supply

Piped Supplies - results of samples taken for analysis:

<u>Raw Water</u>				<u>Treated after going into Supply</u>			
<u>Bacteriological</u>		<u>Chemical</u>		<u>Bacteriological</u>		<u>Chemical</u>	
<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsatis-</u>
<u>factory</u>	<u>factory</u>	<u>factory</u>	<u>factory</u>	<u>factory</u>	<u>factory</u>	<u>factory</u>	<u>factory</u>
5	-	3	-	20	-	1	-

Water Supplies from Public Mains:

<u>Direct to Houses</u>		<u>By Means of Standpipes</u>	
<u>No. of Dwelling Houses</u>	<u>Population</u>	<u>No. of Dwelling Houses</u>	<u>Population</u>
3,774	10,944	-	-

APPENDIX D TABLE 2
Factories Act, 1937

Inspections for the purpose of provisions as to Health
(including inspections made by the Sanitary Inspector)

<u>Premises</u>	<u>Number on Register.</u>	<u>Inspections</u>	<u>Written Notices</u>	<u>Occupiers Prosecuted.</u>
Factories in which Sections 1, 2, 3, 4, and 6, are to be enforced by Local Authorities.	3	-	-	-
Factories not included in (i) in which Section 7 is enforced by the Local Authority.	59	14	-	-
<u>Totals:</u>	<u>62</u>	<u>14</u>	<u>-</u>	<u>-</u>

Cases in which defects were found	...	...	...	...	1
Cases in which defects were remedied	...	....	...	...	-

OUTWORK

No. of outworkers in August list required by Section 110 ... 444
(Making Wearing Apparel)

APPENDIX D TABLE 3

Housing

Total number of permanent dwellings in District ... 4,321
 Total number of permanent dwellings owned by Local Authority 812

Part 1 The total problem(As per Ministry Circular 55/54):-

(1) Estimated number of houses unfit for human habitation within the meaning of Section 9 of the Housing Repairs and Rents Act, 1954 and suitable for action under Section 11 or Section 25 of the Housing Act, 1936 ... 274

(11) Period in years which the Council think necessary for securing the demolition of all the houses in (1) ... 19

Part 2 Orders already made, etc:-

(111) Number of houses in (1) in clearance areas and already covered by operative clearance or compulsory purchase orders or owned by the Local Authority... -

(1V) Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders have been submitted to the Minister but have not yet become operative ... -

Part 3 Action in the first five years:-

(V) Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders are to be made or which are to be purchased by agreement within the five years ... -

(VI) Number of houses which are to be included in clearance areas still to be declared and which within the five years will be owned by the Local Authority or will have been included in a clearance order or a compulsory purchase order submitted to the Minister ... Estimated 50

(VI1) Number of houses under (111), (1V) (V) and (VI) to be patched(if necessary) and retained within the five years under Section 2 of the Housing Repairs and Rents Act, 1954, for temporary accommodation -

(VI11) Number of houses under (111), (1V), (V) and (VI) to be demolished in the five years .. }

(1X) Number of houses(including those already comprised in operative demolition orders) to be demolished in the five years as a result of action under Section 11 of the Housing Act, 1936. ... } 100

<u>Houses erected during year.</u>	<u>Houses in course of erection.</u>	<u>Gained from conversion of large houses or buildings into flats or dwellings.</u>	<u>Lost from conversion of two or more houses to one</u>
------------------------------------	--------------------------------------	---	--

Local Authority:	31	16	-	-
Private Enterprise:	22	15	3	1
Totals:	53	31	3	1

Number of Post-War Houses erected from 1st April 1945 to 31st December, 1955.

<u>By Local Authority</u>		<u>By Private Enterprise</u>		<u>Programme for 1956</u>	
				<u>By Local Authority</u>	<u>By Private Enterprise</u>
407		128		20	Unknown

(a) No. of temporary housing units occupied - (i) Prefabs ...	-
(ii) Huts, etc....	4
(b) No. of houses found overcrowded ...	3
(c) No. of houses closed as a result of an undertaking given by the owners of following the issue of Closing Orders	9
(d) No. of houses demolished during year ...	-
(e) No. of houses made fit during year ...	48

Houses Required:-

(i) To abate overcrowding ...	1
(ii) To overcome unsatisfactory conditions, e.g. two families living in the same house but not included in (i) ...	116

Total number of applicants for Council Houses at the end of year 240

Improvement Grants made under the Housing Act, 1949-54

No. of applications and houses dealt with by Local Authority:-

	<u>Received.</u>		<u>Approved.</u>		<u>Rejected.</u>		<u>Under consideration</u>		<u>Withdrawn.</u>	
	No. of Aps.	No. of houses	No. of Aps.	No. of houses	No. of Aps.	No. of houses	No. of Aps.	No. of houses	No. of Aps.	No. of Houses
31. 7. 49-										
31.12. 54	22	26	13	16	4	4	3	4	2	2
During Year	28	32	24	29	1	1	3	3	3	3
Totals:	50	58	37	45	5	5	3	3	5	5

APPENDIX D TABLE 4

Milk

Milk Supplies

(a) No. of Registered Distributors	...	...	...	8
(b) No. of Registered Dairy Premises (other than Dairy Farms).	...	...	...	4
(c) No. of Licensed Dealers of Designated Milk	...			5
(d) No. of Supplementary Licences issued to Distributors whose Dairy is outside the area	...			2

Milk Sampling

<u>Designation</u>	<u>Samples Taken</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Tuberculin Tested	11	9	2
Pasteurised	26	21	5
Sterilised	-	-	-

Biological Sampling

No. Taken	...	11	Negative Results	...	11	Positive Results	--
-----------	-----	----	------------------	-----	----	------------------	----

APPENDIX D TABLE 5

Meat

Slaughter-Houses and Bacon Factories

		<u>Licensed</u>	<u>Operating</u>
(a) Private Slaughter-Houses	...	7	7
(b) Bacon Factories	...	-	-
(d) No. of Slaughter-Houses in use where horses are slaughtered for human consumption	...	-	-

Carcases and Offal inspected and condemned in whole or part during year:

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed(if known)	432	433	72	947	5276	-
Number inspected	431	432	69	938	5238	-
<u>All diseases except Tuberculosis and Cysticerci</u>						
Whole carcasses condemned	3	13	5	12	24	-
Carcases of which some part or organ was condemned	60	107	1	99	469	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	14.6%	27.7%	8.6%	11.8%	9.4%	-
<u>Tuberculosis Only</u>						
Whole carcasses condemned	-	10	1	-	4	-
Carcases of which some part or organ was condemned	35	169	1	-	366	-
Percentage of the number inspected affected with tuberculosis	8.1%	41.4%	2.8%	-	7%	-
<u>Cysticercosis</u>						
Carcases of which some part or organ was condemned	-	1	-	-	-	-
Carcases submitted to treatment by refrigeration	-	2	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-
Weight of meat condemned (in lbs) for:-						
(a) Tuberculosis	995	9190	105	-	6762	-
(b) Cysticercosis	-	70	-	-	-	-
(c) Other	1826	10523½	336	947	5786½	-
Total(in lbs.)condemned	2821	19783½	441	947	12548½	-

